


**UNITED STATES COURT OF APPEALS  
FOR THE SECOND CIRCUIT**

**CIVIL APPEAL TRANSCRIPT INFORMATION (FORM D)**

**NOTICE TO COUNSEL:** COUNSEL FOR THE APPELLANT MUST FILE THIS FORM WITH THE CLERK OF THE SECOND CIRCUIT IN ALL CIVIL APPEALS WITHIN 14 CALENDAR DAYS AFTER FILING A NOTICE OF APPEAL.

THIS SECTION MUST BE COMPLETED BY COUNSEL FOR APPELLANT		
<b>CASE TITLE</b> Paul J. Murphy  V.  Cayuga Medical Center	<b>DISTRICT</b> NDNY  <b>JUDGE</b> Hon. Thomas J. McAvoy  <b>COURT REPORTER</b> N/A	<b>DOCKET NUMBER</b> 3:17-MC-0004  <b>APPELLANT</b> Cayuga Medical Center  <b>COUNSEL FOR APPELLANT</b> Raymond J. Pascucci/Erin S. Torcello
<b>Check the applicable provision:</b> <input type="checkbox"/> I am ordering a transcript. <input checked="" type="checkbox"/> I am not ordering a transcript  <b>Reason for not ordering a transcript:</b> <input type="checkbox"/> Copy is already available <input checked="" type="checkbox"/> No transcribed proceedings <input type="checkbox"/> Other (Specify in the space below):	<b>PROVIDE A DESCRIPTION, INCLUDING DATES, OF THE PROCEEDINGS FOR WHICH A TRANSCRIPT IS REQUIRED</b> ( <i>i.e.</i> , oral argument, order from the bench, etc.)          <div style="display: flex; justify-content: space-between;"> <div><b>METHOD OF PAYMENT</b></div> <div> <input type="checkbox"/> Funds <input type="checkbox"/> CJA Voucher (CJA 21) </div> </div>	
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I certify that I have made satisfactory arrangements with the court reporter for payment of the cost of the transcript. See FRAP 10(b). I understand that unless I have already ordered the transcript, I shall order its preparation at the time required by FRAP and the Local Rules.		
<b>COUNSEL'S SIGNATURE</b> 	<b>DATE</b> April 12, 2017	
<b>COURT REPORTER ACKNOWLEDGMENT:</b> This section is to be completed by the court reporter. Return one copy to the Clerk of the Second Circuit.		
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